

RECEIPT
FILED
PATENT
3/19/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

FOSSHEIM et al.

Serial No.: 09/680,284

Filed: October 6, 2000

For: USE OF PARTICULATE CONTRAST AGENTS IN DIAGNOSTIC
IMAGING FOR STUDYING PHYSIOLOGICAL PARAMETERS

Group Art Unit: 1615

Examiner: Not assigned

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MAR 19 2001

Assistant Commissioner for Patents
Washington, D.C. 20231

TECH CENTER 1600/2900

Sir:

Applicants note that the Official Filing Receipt, copy enclosed, in the above-identified application contains the following error.

Specifically, the fourth inventor's first name has been omitted, it should read Pal Rongved, Oslo, NORWAY.

Attached is a copy of the Declaration as filed with the application with the inventor's information highlighted. The error therefore is believed to be chargeable to the USPTO and no fee is required. However, if any fees are deemed necessary, they may be charged to Deposit Account #02-0200. A duplicate of this request is enclosed.

Accordingly, it is respectfully requested that the USPTO data base for this application be corrected and a CORRECTED Filing Receipt be issued for this application and forwarded to the undersigned as soon as possible.

Respectfully submitted,
BACON & THOMAS, PLLC

By: Richard E. Fichter
Richard E. Fichter
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REF:kdd
COR-OFR.PTO.wpd

December 21, 2000

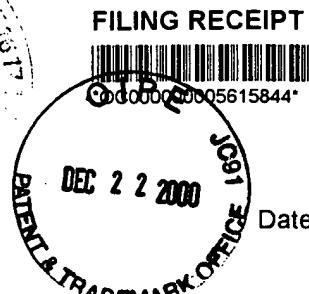


7B DEH 2 NO 77
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/680,284	10/06/2000	1615	13-345618940117	REF/FOSSHEIM/100	13	22	3

Bacon & Thomas PLLC
 625 Slaters Lane
 4th Floor
 Alexandria, VA 22314-1176



Date Mailed: 12/13/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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Applicant(s)

MAR 19 2001

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 Roald Skurtveit, Oslo, NORWAY;

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Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CON OF PCT/GB99/01100 04/09/1999
 WHICH CLAIMS BENEFIT OF 60/119,808 02/12/1999

Foreign Applications

UNITED KINGDOM 9807840.5 04/09/1998
 UNITED KINGDOM 9828874.9 12/31/1998

If Required, Foreign Filing License Granted 12/12/2000

Title

Use of particulate contrast agents in diagnostic imaging for studying physiological parameters

Preliminary Class

424



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Bib Data Sheet

SERIAL NUMBER 09/680,284	FILING DATE 10/06/2000 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. REF/FOSSHEIM/100
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APPLICANTS

Sigrid Lise Fossheim, Oslo, NORWAY;
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**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 9807840.5 04/09/1998
 UNITED KINGDOM 9828874.9 12/31/1998

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 12/12/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NORWAY	SHEETS DRAWING 13	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Use of particulate contrast agents in diagnostic imaging for studying physiological parameters

FILING FEE RECEIVED 746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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